DOCUMENT RESUME

ED 362 302 PS 021 741

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TITLE An Analysis of the Child Care System in Evanston, Illinois: Parents, Directors, and Community Leaders Speak Out.
PUB DATE Jun 93
NOTE 106p.; Master's Field Research Report, National-Louis University.
PUB TYPE Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Administrator Attitudes; *Child Caregivers; Community Leaders; *Community Satisfaction; Community Surveys; *Day Care; Early Childhood Education; Educational Quality; Elementary Education; Needs Assessment; *Parent Attitudes; Program Costs; *Program Effectiveness
IDENTIFIERS *Illinois (Evanston)

ABSTRACT

To assess the effectiveness of the child care delivery system in Evanston, Illinois, a study was conducted of parent and caregiver perceptions of the affordability, availability, accessibility, and quality of local child care services. Questionnaires were distributed to the directors of 14 local child care centers and to 832 parents currently utilizing full-time services, and telephone interviews were conducted with 16 community leaders. Study findings, based on responses from 226 parents, 10 directors, and the 16 community leaders, included the following results: (1) 79% of the parents paid less than 20% of their income for services, and 88% reported feeling very or somewhat satisfied with the cost of child care; (2) 75% of the parents indicated that they were very satisfied with the availability of services; (3) the mean score for parents' overall level of satisfaction with services was 13.23 on a 16-point scale; (4) average costs reported by directors for services were $153 per week for infants, $146 for toddlers, $126 for 2-year olds, $116 for preschoolers, and $76 for school-aged children; and (5) two community leaders thought that child care was not affordable for low-income parents, six remarked that local services were abundant, and five mentioned the need for greater collaboration between services. (Includes a review of the literature, 100 references, sample correspondence, the 3 survey instruments, and lists of participants.) (BCY)

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ED 362 302

AN ANALYSIS OF THE CHILD CARE SYSTEM IN EVANSTON, ILLINOIS: PARENTS, DIRECTORS, AND COMMUNITY LEADERS SPEAK OUT

By

Donna Rafanello

A field research report

submitted in partial fulfillment

of the requirements for the degree of

Master of Education

Early Childhood Leadership and Advocacy Program

National College of Education
National-Louis University

June 1993

PS 021741

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What the best and wisest parent wants for his own child must the community want for all its children.

Thomas Dewey

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CHAPTER I

INTRODUCTION

Statement of the Problem

Child care has made its way into public discussion as a result of the increasing number of families whose lives depend on it on a daily basis. However, serious discussion has not yet been directed at the ways in which the present system fails to meet the needs of families and society. This failure signals the need for emergency intervention. As a day care administrator and social worker working within the child care system, I have seen the need for a more comprehensive evaluation of the present system to effectively meet families' ongoing child care needs. The current system, although operational, appears to be a source of tremendous confusion and frustration to the families who must use it. Certainly there are paths available to assist parents through this child care maze.

The literature reveals both national and local mandates to investigate how our current child care system can be improved to better meet the needs of both consumers and providers. The recommended approach is the community planning model, with the support of national and state funding for child care, because it is understood that child care services are delivered and utilized within the context of community beliefs and demographic characteristics. What is lacking presently is a commitment to advance the study necessary to design a system responsive to the needs of children and families. Further research, specific to community assessment and planning, is needed to uncover the ways in which child care is enmeshed in the service delivery system

for children and families at the local level. Efforts to enhance the present child care construct must begin at the local community planning level.

The purpose of this study was to assess the local child care service delivery system in terms of affordability, availability, and quality of care and to compare these findings to the expressed opinion of parents using the system. The goal is to determine the effectiveness of the current system with respect to child care needs and to provide an opportunity for the exchange of ideas between parents, providers, and policymakers at the local community level.

Rationale

The present situation with respect to children in this country betrays one of the fundamental responsibilities of a civilized society -- to take care of its children (Hewlett, 1991). Clearly, the United States has not failed its children because it could not afford to look after them, but because "they have been at the bottom of our list of priorities" (Hewlett, 1991, p. 263). No one knows this better than the parents of children six years of age and under in this country. Recent polls indicate that 71% of this group feel that too little attention has been paid to the problems of children in the United States (Louis Harris, 1989). Government could tell the nation how much it values children by designing a comprehensive system of supports and guaranteeing certain universal rights or entitlements to include child care (Hewlett, 1991; Sidel, 1986).

Internationally, child care assistance is considered a matter of rights for families in which both parents are employed. Child allowances, like those in France, Austria, Finland, and Canada are given regardless of income and as part of a comprehensive family policy designed to benefit all citizens with small children, to make child rearing and parent employment compatible national goals, and to assist parents with the care and rearing of small children (Morris, 1992; Scarr, 1984; Zigler & Lang, 1991). International examples of family policy also include the employer-sponsored child care in Japan, China, and South Korea where child care assistance is part of the "lifetime commitment" employers make to their employees (Scarr, 1984, p. 265). Furthermore, child care is regulated abroad (Berezin, 1990). Unlike these countries with national family policies, the United States has a "disorganized hodgepodge of public and private responses" (Morris, 1992). As a nation, the United States prides itself in being first. Yet, America and South Africa are the only industrialized nations that fail to provide universal child care for their children and families (Children's Defense Fund, 1990a).

The issue of child care ranked fourth on a citizens' list of concerns, above housing, personal security, food and nutrition, and other very basic needs. And while it has been raised to national awareness through advocacy efforts, it still does not receive the attention from policymakers that it deserves (Roosevelt Center, 1989). Although a $20 billion industry

annually, constituting the fourth largest expenditure for families with children, child care in this country continues to fight for its place on the national agenda (Kahn & Kamerman, 1987). Public opinion says women need help to both work and raise children as demanded in today's society (Louis Harris, 1989). The federal government's decision not to act in the best interests of children has many citizens convinced that "most children in this country are simply short-changed" (Louis Harris, 1989, p. 2). The United States has a "tradition of obscuring the day care problem in a barrage of moralistic rhetoric" (Shell, 1989, p. 62). One component of this tradition is the controversy concerning family and state responsibility/control over children (Hayes, Palmer, & Zaslow, 1990; Morris, 1992; Shell, 1989; Sponseller, 1980). Child care has always been assumed to be the responsibility of the family, building on a strong belief in individualism, particularly a parent's ability to meet his/her own family's needs. This leads parents to believe that if they cannot cope, something must be wrong with them (Hensel, 1990; Morris, 1992). Underscoring this belief is the attitude that women belong at home, which creates a hostile environment for those women who are trying to balance their dual responsibilities as mothers and workers and draws the issue away from societal responsibility for child care (Hill, 1987; Morris, 1992; Scarr, 1984). Crosby (1992) contends, "It's a lot easier to scapegoat women and just say they should be at home than it is to figure our how to provide child care for today's families" (p. 48). The

larger issue remains that women have a right to pursue and develop their own talents and society has the responsibility to provide the means for them to do that (Benham, 1991).

The virulence with which the federal government defends against the "threat" of women's employment betrays popular opinion on this subject. Seventy-eight percent of parents and 76% of non-parents personally accept the practice of women in child-bearing and raising children (Louis Harris, 1989). These findings, while not meant to prescribe whether or not a mother should work outside the home, provide a foundation to help the government begin to formulate policies which are cognizant of the reality of families' lives today.

From a policy perspective, it does not make sense to argue whether women "should" or "shouldn't" prefer to work outside the home when their children are young if the economy does not permit them both options; the great majority of low- and moderate-income mothers have to work out of financial necessity (Halpern, 1987; Hewlett, 1991; Morgan, 1983; Sponseller, 1980; Zigler & Gordon, 1982). Kagan (1989) reports that child care is increasingly a "universal workforce issue" (p. 434). Shaping this issue of day care are forces including: 1) growth in the labor force participation of women with young children; 2) the growing conviction that a group experience is good for the socialization of children; and 3) the declining standards of living for one-income families (Blum, 1983; Hayes et al., 1990; Kahn & Kamerman, 1987).

The growth in the labor force participation of women with young children is well-documented (Child Care Action Campaign, 1992; Gulley, Eddleman & Bedient, 1987; Hayes et al., 1990; Kahn & Kamerman, 1987; Lande, Scarr, & Gunzenhauser, 1989; National Commission on Children, 1991; Reisman, Moor, & Fitzgerald, 1988; Sale, 1990). According to the U. S. Department of Labor, 58% of mothers with children age six and under are in the workforce, with a total of more than seven million children in need of child care (as cited in Gulley et al., 1987). By the end of the decade, most children from the age of one (if not younger) will have working mothers (Kahn & Kamerman, 1987, p. 13). As a result, the single largest problem for working mothers will continue to be child care (Zigler, Kagan & Klugman, 1983). The national government must begin to make policies based on the reality of family life rather than the stereotypical American family characterized by a male wage earner and a mother who stays home to care for two children; this may describe only "1 out of every 21 families" (Children's Defense Fund, 1982, p. viii).

The majority of Americans who responded to recent polls have said they want the federal government to participate in improving child care (Shell, 1989). To meet the challenge of the child care crisis, federal leadership, should it be offered, could provide a model (Mitchell, 1989). Top priority would be the establishment of minimum regulatory standards necessary to ensure child care of an acceptable quality (Berezin, 1991; Hewlett, 1991; Lande et al., 1988; Reisman et al., 1988). Parents and

non-parents alike are convinced that the federal government should establish such standards and further, give states financial incentives to meet these (Louis Harris, 1989). The federal government should also be responsible for data collection and dissemination to meet the current need for national data on child care (Hayes et al., 1990). A national office, or task force, for children, could galvanize the nation into rearranging priorities so as to tilt private and public choices toward children (Hewlett, 1991).

The privatization of the child care industry in recent years has challenged states and local communities to take a larger role in child care planning (Kahn & Kamerman, 1987). Far from being incompatible, a community-level approach and sustained national funding are necessary to each other (Ford Foundation, 1989). At its best, the child-centered community is characterized by community support, shared childrearing, and citizen participation in decision-making (Fried & O'Reilly, 1985; Kisker, Hofferth, Phillips, & Farquhar, 1990; Lande et al., 1989; Provence, Naylor, & Patterson, 1977; Steinfels, 1973; Zigler et al., 1983). Community planning models acknowledge the impact of local and economic and demographic conditions as well as community and family values and beliefs (Kisker et al., 1990).

Overview of the Study

This study was a needs assessment: a survey of Evanston parents' needs regarding child care and a determination of the etent to which the current system meets those needs. A thorough

assessment of a community's child care system should include an evaluation of child care supply and demand locally. This study employed such a community assessment model. It sought to determine the affordability, availability, accessibility, quality, and collaboration among child care services as gauged through a parent questionnaire, and interviews with local child care providers and community leaders. In the aggregate, these collective opinions will form the basis for assessing the effectiveness of the child care delivery system in Evanston. It is hypothesized that the Evanston community is a microcosm of the two-tiered system of child care presently in evidence in this country. Ample services are available for upper-income families; few choices exist for middle- and low-income families.

Definition of Terms

For the purpose of this study, day care refers to either center-based or home-based full day child care where the child attends two, three, or five days per week. Provider director or administrator of a day care program who either directly provides child care or supervises a child care staff.

Limitations

This research project was limited by a small sample size, time constraints, lack of opportunity to pilot study, and the accuracy of a self-report measure. In order that the results be generalizable to the entire Evanston community, of 70,000 people, the sample would have had to be sizable. The greatest

limitation, of course, was the cooperation of the parents, providers, and community leaders invited to participate. The directors, particularly, were a difficult group from which to gain cooperation.

Finally, the participants of Central Evanston Child Care may have reacted self-consciously to my invitation to participate since I was an administrator of the program at the time of the study. The generalizability of the responses is constrained, further, by the reliability of self-report measures such as the questionnaires administered in this study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Gwen Morgan coined the term "trilemma" to describe the interrelatedness of availability, affordability, and quality in the child care marketplace (Children's Defense Fund, 1982, p. 109). Effectiveness of the child care system depends on the successful coordination of all these dimensions (Hayes, et al., 1990). Unfortunately, current reports indicate that there is every reason to believe that there is presently a market failure in child care (Berezin, 1989; Culkin, Helburn, & Morris, 1990; Hayes et al., 1990; Lande et al., 1989; Morgan, 1983). For some families today, services are not available at any cost; for others, the cost of available care is prohibitive; and for many, the quality of care is less than research suggests is needed to protect children's health and safety and foster their social and cognitive growth (Hayes et al., 1990).

Availability refers to the sufficiency of the number of places for the children of parents who wish to purchase care of the prevailing quality at market-determined prices. Affordability pertains to the fit between the prices of the available places and the ability of parents, who need or want out-of-home care, to pay. Quality refers to the caliber of care, regardless of the number of places available or their

affordability (Hayes et al., 1990). Using a community perspective, a model for addressing present and future child care needs at the local level can be developed. In this review of the literature, each of the three dimensions will be addressed followed by strategies for coordination, advocacy, and policy construction.

Availability

The factor which most limits access to child care is the sheer lack of available spaces for the number of children in need of care (Zigler & Lang, 1991). Availability describes the difficulty parents confront in locating services, the affordability of those services which meet parents' criteria, demand for services outpacing supply (particularly infants/ toddlers and school-age children), and the insecurity of parents' not knowing the quality of those services they choose for their children (Kamerman & Kahn, 1986; Kisker et al., 1990; Smith, 1991; Zigler & Lang, 1991). Availability is limited by the location of facilities and their hours of operation.

Just how many families cannot find care is "the great unknown in child care planning" (Lande et al., 1987, p. 198). But it is clear that despite increases in supply, of up to 234% between the 1970s and the 1980s, available child

care (number of licensed spaces) is still not sufficient to meet current needs (Hofferth & Phillips, 1987; Kisker, Hofferth, Phillips, & Farquhar, 1990; National Association for the Education of Young Children, 1986). What is available may be too expensive or inconvenient in location to be truly available (Zigler & Lang, 1991). Emlen and Koren (1984) reported in their study that 75% of the female and 57% of the male employees interviewed had difficulty in locating their current child care arrangement. Other studies have found that it is not only difficult to locate child care, but most working parents must piece together two to three separate care arrangements for each child (Bronfenbrenner & Weiss, 1983; Family Policy Panel, 1985; Goldberg & Easterbrooks, 1988; Louis Harris, 1989).

Overall utilization rates of center-based care are reported as high (Kisker et al., 1990). Family day care and in-home babysitting supply are very difficult to measure, however, leaving unknowns in the child care availability puzzle (Hayes et al., 1990).

Traditional child care services which are offered during the work-day hours are but one child care arrangement sought by parents. Child care also includes those services which are more difficult to locate: services for non-English

speaking children, special needs children, nighttime and weekend care, and sick child care (Dervarics, 1992; Kisker et al., 1990). Only a small percentage of child care programs offer such creative enrollment options to parents seeking care for their children.

Parental Choice

Parental choice is an essential part of the child care system (Sale, 1990). But choice is meaningless if there is no assurance of quality, accessibility, and affordability. (Masnick & Bane, 1980; Zigler & Lang, 1991). Ninety-five percent of the public surveyed by Louis Harris (1989) felt that "parents should be able to choose among several options to decide which child care program is best suited for their children" (p. 19). Parents need some guidance in choosing among child care options, but they need to retain some degree of control over their choice as well (Zigler & Lang, 1991).

Improving Availability

The main barriers to increasing the availability of child care are lack of funds and lack of a broad social commitment to resolving the child care crisis (Lande et al., 1989). There are primarily two courses of action available to impact on child care supply. The first of these

is provider subsidies (also called "supply subsidies") aimed at increasing the supply of care and improving the quality of available services (Hayes et al., 1990). Provider subsidies, including vendor/voucher programs, expand the supply of services by presenting incentives, in the form of training and direct financial support, for individuals to enter the child care business (Hayes et al., 1990; Zigler & Lang, 1991). Consumer subsidies (also called "demand subsidies") are designed to increase the resources parents have to spend on child care (Hayes, et al., 1990; Zigler & Lang, 1991). Demand subsidies take the form of tax credits and payments to low-income families. The proposed child allowance, a universal cash benefit not necessarily restricted by income, is intended to help parents pay for quality child care.

Use of the public schools for child care. One popular proposal for improving child care availability is to use the public schools. Among proponents of this approach is Edward Zigler of Yale University's Bush Center (Family Policy Panel, 1985; Kahn & Kamerman, 1987; Zigler & Lang, 1991). Zigler (as cited in Louv, 1990) contends that by using the public schools, "We can solve the child-care crisis ... and create a school for the twenty-first century." (p.361) Child

care in school buildings would serve as a more efficient use of public school space while aiding in the resolution of the availability problem.

Corporate initiatives. Corporate America has been encouraged to take a more active role in providing child care to its employees because it is "an important piece of the puzzle" (Louv, 1990, p. 261). Child care assistance efforts, although increasing in number, are still offered by only three to four thousand of the over 6 million U.S. employers (Louv, 1991). Child care assistance programs include on-site child care, vendor-voucher programs, resource and referral services, family day care support, family life seminars focussing on the work and family concerns of employees, sick child care initiatives, corporate investment in consortiums, and management training on the family-friendly workplace (Children's Defense Fund, 1982; Committee for Economic Development, 1987; Family Policy Panel, 1985; Galinsky & Hughes, 1987; Louv, 1991; Reisman et al., 1988).

Affordability

There is some evidence that supply constraints, which exist for everyone, are particularly strong for many low-income families: the cost of center care limits its accessibility (Hayes et al., 1990, p. 34). The ability to

pay also influences whether families are in the market for child care, and it determines the type of care that is within their financial reach (Morgan, 1983, p. 257). Experts in day care agree that middle- and low-income families alike are forced increasingly to withstand "the pressure of the economic vise" which is tightening around them (Louv, 1990, p. 97). Such families have no access to child care; no matter what facilities exist in their communities, they cannot afford them (Scarr, 1984; Zigler & Lang, 1991). The availability of quality child care is necessarily constricted by the affordability of programs to the families that need them. There is a growing shortage of subsidized care for low-income families; one estimate suggests that less than 30% of young, low-income children in need of subsidized care are served (Marx, 1985).

The average cost of full-time child care is $3,000 a year (Hewlett, 1991; Lande et al., 1989; Louis Harris, 1989; Louv, 1990; Zigler & Lang, 1991). This statistic, however, reveals only part of the story. "Differential purchasing power" of poor and nonpoor families has created a two-tiered system (Hayes et al., 1990; Lande et al., 1989, p. 266). The National Child Care Survey revealed that families with annual incomes below $15,000 paid 23% of their income to

child care; families with incomes over $35,000 paid less than 7% of their income toward child care (Willer, Hofferth, Kisker, Divine-Hawkins, Farquhar, & Glantz, 1991). Although low-income families do receive some subsidized care, their relative expenditures are vastly larger than those of higher income families. Louis Harris (1989) asserts that many of those who can least afford to pay, in fact, are paying almost as much as the very wealthiest families do for child care.

Parents polled nationwide expressed their dissatisfaction with the cost of child care (Louis Harris, 1989). Income level appears to be the major determinant of the standard of care arranged by working parents (Family Policy Panel, 1985). Most low- and middle-income families must make decisions based on cost rather than quality of child care (Berezin, 1984; Blum, 1983; Family Policy Panel, 1985; Ruopp & Travers, 1982). So while parents are responsible for selecting child care, their choices are constrained by finances (Whitebook, Howes, & Phillips, 1989a).

The National Research Council (Hayes et al., 1990) indeed found that families who are more stressed, both psychologically and economically, are more likely to use lower quality care. One poll revealed that nearly 40% of

the respondents felt they could not afford their current child care arrangement or the arrangement they would prefer. (American Federation of State, County, and Municipal Employees, 1987). These data support earlier findings of the National Child Care Consumer Study in which 82% of parents with children under the age of 14 felt that the cost of child care should be adjusted according to a parent's ability to pay. Another 9% favored free care (Zigler & Gordon, 1982 Distressing is the fact that even when parents pay high costs, there is no guarantee that they will receive high quality or real value for their money (Louis Harris, 1989).

Affordability versus Quality of care

The trade-off between affordability and availability is further complicated by the weak link between cost of care and quality of that care. Disagreement exists in the child care field regarding the differential costs of good care and mediocre care. While Kisker and her colleagues (1990), Ruopp and Travers (1982), and Zigler and Gordon (1982) assert that good care costs more than mediocre care, Scarr (1984) maintains that the best child care arrangements are not the most expensive. But while Scarr recognizes that good care can be found at reasonable cost in family day care,

she does not address the issue of quality in unregulated care. The Children's Defense Fund (1990b) attempts to clarify the issue when it explains that "while not all expensive care is of good quality, the essential components of quality care carry a substantial price tag" (p. 3). There is plainly a disagreement about the assessment of child care costs with regard to quality, making any generalizations on this relationship impossible.

Fees

There is little known about the way in which fees are set (Hayes et al., 1990), but several generalizations can be made about established fees in child care programs. Larger centers and large systems tend to have lower costs reflecting certain economies in purchasing and staffing (Grotberg, 1971). The younger the child, the higher the cost, as a direct result of higher staff-child ratios (Grotberg, 1971; Hayes et al., 1990). Family day care services, often reported to cost less than center-based care, actually are quite similar in price when services are comparable (Grotberg, 1971). In addition, fees in both center-based and regulated home-based programs have changed relatively little in past years (Kisker et al., 1990). Advocates in the field

of child care have long bemoaned the low wages of child care workers. Now it appears that fees have been kept low by increasing group sizes and staff-child ratios and keeping staff salaries low (Kisker et al., 1990). All of these practices have the potential to compromise the quality of the services provided to children and families. Blum (1983) cautions that fees are not indicative of care at any child care program because there is no way of knowing how these fees are spent.

Quality of Care

Current data indicate that quality care available today is insufficient for most families, regardless of where they stand on the socioeconomic scale (Committee for Economic Development, 1987). Quality stands alone in the trilemma as the single most pressing issue. Solutions which have been offered to correct the problems of availability and affordability do not address the overarching concern with quality. A larger supply of less expensive care does not remedy the crisis effectively. The Children's Defense Fund (1982) advises holding the line on quality, citing research findings which repeatedly show the potential of high quality child care to enhance the development of children (Hayes et al., 1990). Indeed it has also been demonstrated that child

care is "not inherently or inevitably harmful," but found to vary greatly as quality of child care varies among settings (Hayes et al., 1990, p. 47).

The efforts of Sue Bredekamp (1987) to codify developmentally appropriate practices for children birth to age eight and NAEYC's National Academy of Early Childhood Programs to specify exemplary programs have done much to raise awareness of the issue of quality. But merely making recommendations or singling out meritorious programs does not sufficiently address the quality of care supplied nationwide.

Kisker and her colleagues (1990) report that the quality of care, although meeting professional recommendations for preschool children, falls short of professional recommendations for infants and toddlers. Similar concerns about quality of services were raised in The National Child Care Staffing Study (Whitebook et al., 1989b). Moreover, only 25% of adults think that most children get good child care (Louis Harris, 1989). Widespread discontent with the child care provided centers on quality of care issues.

Components of Quality

Gwen Morgan, a respected expert in the field of child care, enumerates the essential elements of quality child

care: group size, training, staff-child ratios, continuity of relationships, physical environment, parent relations, representational play, and the "match" between the child and the program selected (as cited in Fried & O'Reilly, 1985, p. 28). Smaller groups, higher staff-child ratios (less children per caregiver), and caregivers trained to work with young children form the "benchmarks of quality" (Hayes et al., 1990; Zigler & Gordon, 1982). Each of these variables is associated with more positive interactions between caregivers and children and better experiences overall for the children (Blum, 1983; Children's Defense Fund, 1990b; Committee for Economic Development, 1987; Hayes et al., 1990; Kisker et al., 1990; Sale, 1990; Zigler & Gordon, 1982).

Disturbing evidence is appearing which chronicles a deterioration in those characteristics known to be associated with high quality. Two large-scale analyses produced during the past decade both expose this trend (Kisker et al., 1990; Willer et al., 1991). Average group sizes and average staff-child ratios are increasing as are average center enrollments. These signal a decline in quality which are accompanied with a decline of teacher salaries and increased staff turnover rates.

Evaluating Quality

Hayes and her colleagues (1990) present two approaches to examining quality. The first approach focuses on individual components of overall quality, but does not take into account the research findings which indicate that composite measures of quality are more reliable indicators of quality programming (Harms & Clifford, 1980; McCartney, 1984). The second approach contends that if dimensions of quality tend to cluster, then policies or programs may well need to be designed around clusters of features as well as individual features.

Quality staff. The caregiver has been identified as the single most important determinant of child care quality (The Family Policy Panel, 1985; Whitebook et al., 1989; Willer, 1990; Zigler & Gordon, 1982). Paula Jorde-Bloom (1989) emphasizes that the director of the child care program is one of the most critical components of quality care, characterizing the director as the "gatekeeper to quality" (p. 1). Jorde-Bloom's results (1989) revealed the correlation between the director's level of education, his/her skill in staff development, and his/her child care experience with overall program quality (Jorde-Bloom, 1989). The director appears to

orchestrate the efforts of staff utilizing a strong background in both child care and administration.

Staff wages. The National Child Care Staffing Study (Whitebook et al., 1989b) reported staff wages as the most important predictor of quality of care among the adult work environment variables. Higher wages were regularly associated with better quality services. The educational level of child care teachers is identified as another essential determinant of the quality of services. Research indicates, however, that despite the increase in levels of education and training received by both regulated home-based providers and center staff (Kisker et al., 1991), teachers' earnings actually fell by over 20% between 1977 and 1988 (Whitebook et al., 1989a). Reisman and her colleagues (1988) and Whitebook and her associates (1989b) believe this clearly demonstrates that child care relies upon unseen subsidies provided by teachers through low wages. Low staff wages help child care centers keep the cost of child care artificially low, but, by doing so, fuel staff turnover rates (Whitebook et al., 1989a, 1989b). Staff turnover rates, in turn, are associated with higher rates of insecure attachment in children, short- and long-term developmental

effects, and less consistent, and therefore, less adequate care (Anderson, Nagle, Roberts, & Smith, 1981; Cummings, 1980; Hayes et al., 1990). So while many authors (Berezin, 1990; Berk, 1985; Grotberg, 1971; Hayes et al., 1990; Whitebook et al., 1989a) affirm the benefit of training and education specific to early childhood education, staff wages are a stronger predictor of program quality overall (Whitebook et al., 1989a).

Child Care Employee Project, Child Care Workers Alliance, Kahn and Kamerman (1987), and Willer (1990), all concerned with compensation for early childhood professionals, predict increased difficulty recruiting and retaining qualified staff and providing quality child care if "wages are kept at their present depressed level" (Culkin et al., 1990, p. 15). The solution is self-evident; raising wages has been shown to increase the quality and stability of staff and consequently the quality of care provided (Hayes et al., 1990; Rothman, 1989; Whitebook et al., 1989).

Recommendations for Improving Quality

The National Research Council's recommendations (Hayes et al., 1990) for the improvement of child care services include increasing child care teachers' salaries, promoting formal education and training specific to early childhood

education, adopting state and federal standards for components of quality child care, developing "industry standards" for the adult work environment, and promoting public education about the importance of trained and compensated teachers in child care programs (Children's Defense Fund 1990b; Ford Foundation, 1989; Hayes et al., 1990; Willer, 1987; Zigler & Gordon, 1982).

Child care regulation. The development of quality in child care fundamentally hinges on the monitoring and enforcement of child care licensing laws. "Regulation is the only available mechanism for establishing a consistent baseline level of quality in child care" (Lande et al., 1989, p. 268). But "minimum standards only provide assurance that children are not exposed to detrimental care; they do not ensure that high quality care is being provided" (Jorde-Bloom, 1990, p. 199). Therefore, standards tend to represent the "floor of quality" (Zigler & Lang, 1991, p. 75). Regulations have tended to govern only "structural" dimensions of quality and not "interactive" aspects of quality which would better ensure quality of care (Hayes et al., 1990, p. 85). But this can be said only if standards are enforced.

Federal regulation is not enough; states must make the commitment to quality child care and support that commitment by providing funds for monitoring compliance (Zigler & Lang, 1991). The National Childcare Staffing Study (Whitebook et al., 1989b) found that the best quality care is found in the state with the most stringent regulations, and the poorest care was observed in the state with the most lenient regulations. Attempts to relax licensing standards should be fought; supply should not be bolstered at the expense of quality (Adams, 1984; Kahn & Kamerman, 1987; Kendall & Walker, 1984).

Although government regulation should be the first step in ensuring high quality care and education, the decline in standards and enforcement has put greater emphasis on parent-consumer monitoring (Kahn & Kamerman, 1987). Parents' increased awareness of child care notwithstanding, it is not known how many parents can and do assess quality correctly.

Parental Opinion of Quality

Recent polls indicate that as a result of their increased awareness, parents are truly concerned about the quality of child care that their children receive (Louis Harris, 1989). Among those surveyed, 97% of American

parents cited "quality" as a top priority in child care. Because the protections that apply to regulated child care programs are frequently so weak, and states' capacity to assure compliance so inadequate, parents cannot rely upon the mere existence of standards to protect their children (Children's Defense Fund, 1990b).

Consumer Education

Recent state efforts have focussed on helping parents understand and gain access to the state child care regulatory system (Children's Defense Fund, 1990b). Consumer education programs include: development and distribution of brochures, which focus on educating parents about components of quality child care; requirements to post child care licenses and inform parents how to contact the state licensing authority with complaints; distribution of state regulations; and parental participation in the inspection process (Children's Defense Fund, 1990b). Although these initiatives encourage parental participation in the evaluation of quality child care, Reisman and her colleagues (1988) call parents assuming a larger role "imperative" (p. 25).

Parent Satisfaction

How satisfied are parents with the child care their children receive? Between 45-54 % of parents surveyed by Louis Harris (1989) reported being "very satisfied" with the cost, availability, quality, and reliability of care, with quality and reliability satisfaction proving slightly higher than that of cost and availability. Kahn and Kamerman (1987), Louis Harris (1989), Willer (1991), and Winget, Winget, and Popplewell (1982) all report that quality for parents is found in the people running the day care center or home. Observations of the type and amount of attention children receive, the relationships created between provider and child and between provider and parent, and the qualifications, reliability, and warmth of the provider were all indicated as important to the selection of a quality child care arrangement.

In large part, parental satisfaction depends on the amount of congruity there is between parents' childrearing expectations and those of the day care center or home of their choosing (Grotberg, 1971). Parents express their desire to be supported by child care institutions, not replaced by them (Louv, 1990).

Mitchell (1989) maintains that "parents want affordable, conveniently located programs that are easy to find, easy to choose, and easy to use" (p. 670). From the parents' perspective, therefore, child care is about "ways and means": ways to identify good programs, ways to locate the ones that reflect family needs, and ways to choose the best ones for their children along with the means to pay for the good programs of their choice (Mitchell, 1989). This process requires information; information on how to locate, evaluate, and select child care. Researchers have repeatedly documented the difficulty that parents experience finding care that meets their needs (Berezin, 1990; Bronfenbrenner & Weiss, 1983; Children's Defense Fund, 1982). The advent of resource and referral services has done much in recent years to address these difficulties by filling the information void that parents face when they look for child care (Galinsky & Hughes, 1987; Hayes et al., 1990; Kamerman & Kahn, 1986; Zigler & Lang, 1991).

Coordination

Resource and Referral Services

Consumer services. Resource and referral services, also called information and referral, attempt to bridge the gap

between available services and parents seeking child care. They accomplish this primarily through referral hotlines and consumer education campaigns. These efforts improve access to the system work by "linking supply and demand and maximizing consumer choice" (Scarr, 1984, p. 261; Zigler & Lang, 1991). Resource and referral services address the issues of availability, affordability, and quality in child care. Being "in touch with the needs of the community," resource and referral agencies are able to do informal needs assessments on a regular basis which furnish the necessary information to provide services for determined needs (Children's Defense Fund, 1982, p. 40). Establishment and maintenance of these services locally affords the community the unique opportunity to manage a child care delivery system tailored to their specifications (Garrett & Garrett, 1979; Hayes, et al., 1990; Reisman, et al., 1988; Synergistic Systems, 1986; Zigler & Lang, 1991).

Provider services. Resource and referral services are not only concerned with the consumer side of the child care equation (Willer, 1990). For providers, services include: recruitment, technical assistance and training, community education, and advocacy to the public at large (Hayes et al., 1990).

Models. State and local initiatives in resource and referral services are sprouting up across the nation. Perhaps best known is California's innovative state-wide resource and referral network, the latest effort to diversify and expand the child care system in that state (Kahn & Kamerman, 1987; Sale, 1990). Thus far, California, New York, Massachusetts are the only states which have funded state-wide systems, but Illinois and others have begun subsidizing their own start-ups and expansions (Kahn & Kamerman, 1987; Lande et al., 1989; Smith, 1991). Child Care Dallas, Child Care Services of Atlanta, and Child Care Resource and Referral, in Rochester, Minnesota, are also among the most innovative and comprehensive resource and referral services (Children's Defense Fund, 1982; Kahn & Kamerman, 1987). Work/Family Directions and Child Care Initiatives, Chicago's joint venture between Day Care Action Council and Jane Addams Center, both encourage corporations to get involved (Kahn & Kamerman, 1987).

Building a Coordinated System of Care

Kahn and Kamerman (1987) characterize the appearance of resource and referral systems as both a "positive sign" that both supply and demand have grown substantially and that

many people are seeking help in locating services and a "concrete demonstration of the difficulties parents have in finding affordable, decent child care in a "fragmented delivery system" (p. 37). Resource and referral services present the opportunity for a state-wide database to be compiled to help both parents and administrators make the best use of the information available (Hayes et al., 1990; Kahn & Kamerman, 1987; Zigler, Kagan, & Klugman, 1983).

The current array of providers of child care services forms an "ecosystem" in which many subsystems of the community are interdependent (Mitchell, 1989). Unfortunately, individual programs do not perceive themselves as interrelated or as sharing a common set of goals (Children's Defense Fund, 1982; Hayes et al., 1990; Morgan, 1983). While resource and referral systems are "not a panacea for an uncoordinated system of care, they are an important first step to developing a cohesive system (National Commission on Children, 1991, p. 271).

Community as locus of planning. Citizen participation in the construction of a community-based system of support for all families is essential (Children's Defense Fund, 1990b; Garrett & Garrett, 1979; Hayes et al., 1990; Kahn & Kamerman, 1987; Morgan, 1983; Reisman et al., 1988; Roby,

1973). Maximum local participation ensures that the system developed will work efficiently with existing services and meet the community's ongoing child care needs. Sharon Lynn Kagan, senior research associate at Yale's Bush Center, recommends establishing "mechanisms and [engineering] partnerships that will foster collaboration" (Kagan, 1989, p. 439). Community-based planning teams are a popular approach (Kagan, 1989). Advocates for community child care planning call for the development of community centers, community networks, business consortiums, and neighborhood planning efforts (Bronfenbrenner et al., 1984; Children's Defense Fund, 1982; Family Policy Panel, 1985; Galinsky & Hooks, 1977; Hensel, 1990; Kagan & Rivera, 1991; Kahn & Kamerman, 1987; Lande et al, 1989; Lous, 1990; Roby, 1973; Steinfels, 1973; Zigler & Lang, 1991). Widespread opinion in the field is that "child care is a local service" and therefore communities should be an integral part of planning all services for children and families (Zigler & Lang, 1991, p. 196). Kagan (1989) affirms that although this country has no national policy for children or families, initiatives which exist at the local and state levels necessarily precede a national movement, the latter emerging only as "a result of widespread ... interest" (p. 435).

Advocacy. Community involvement on the scale necessary to create a child care infrastructure presumes a height of advocacy as yet unrealized. Scarr (1984) asserts that "children have no better advocates than their own parents" (p. 270). If parents advocated for change in a collective voice, they would have what they want and need in the way of child care. Prominent pediatrician T. Berry Brazelton, professor emeritus of pediatrics at Harvard Medical School, and Bernice Weissbourd, President of Family Focus, have recently launched a national organization, Parent Action, to lobby on behalf of parents (Morris, 1992). Plans are to set up networks in every state to help parents meet each other and locate resources.

Prominent voices in the child care field are calling for advocacy at all levels (Children's Defense Fund, 1982, 1990a; Lombardi, 1988; Reisman et al., 1988; Sponseller, 1980). Among the voices for children are the Child Care Action Campaign, Children's Defense Fund, The Children's Foundation, and the National Association for the Education of Young Children (NAEYC). In Illinois, local advocates include the Chicago chapter of NAEYC (CAEYC), the Day Care Action Council, and Voices for Illinois Children. Individually and collectively, these organizations and others have spoken out

for children at the local, state, and national levels and represented children's and families' interests to policy makers across the country. One gentleman, a corporate executive (as cited in National Commission on Children, 1991) captured the spirit of child care advocacy when he said "The costs are far greater to accept the system as it is rather than to try to change it" (p. 389). Advocacy efforts nationwide speak to that dedication and resolve.

Policy development. Successful advocacy efforts pave the way for the formulation of policies which meet the needs of children and families. The consensus in the field is that each of the facets of the trilemma presented earlier should be addressed at both the community and national levels (Hayes et al., 1990). Although Hayes and her colleagues (1990) are among the latest to propose such sweeping reform, their message has been spoken by others for decades (Galinsky & Hooks, 1977; Lande et al., 1989; Morgan, 1983; Zigler & Gordon, 1982).

Child care, in addition to being seen as a service to children and parents, a source of support for families, and a vehicle for delivering services, is a social policy tool (Ruopp & Travers, 1982). The National Commission on

Children (1991) states, "Rebuilding a sense of community and reinvigorating systems of support for families and children should be a primary goal of social policies" (p. 70-71). Activism must begin at the community level says Miller (as cited in Roby, 1973). "Answers [from state and federal state and federal agencies] are unimportant and unhelpful to the community until the community has experienced the questions" (Roby, 1973, p. 94). Communities must each grapple with their own local child care needs to develop a strategy for addressing those needs in a way which makes sense within the context of their particular circumstances.

Conclusion

The findings of the literature strongly suggest a community planning model approach to child care service development. While federal participation in the formulation of supportive legislation and funding streams earmarked for child care are essential, communities must face the larger issue of child care provision on their own. The current child care situation demands prompt action on the dimensions of availability, affordability, and quality of care.

The literature on child care although extensive leaves many questions unanswered. Community planning models,

although recommended, have not been developed up to this point. The development of an innovative model would enhance community development efforts nationwide. Such a model would necessarily include an assessment of the three facets of the trilemma at the local level and a comparison of these findings to parental satisfaction with each. A thorough understanding of child care supply and demand and a willingness, on the part of policy makers to address unmet needs is essential. An investigation this large involves the collection of both quantitative and qualitative data to fully explore the dimensions of the issues while furnishing the richness of families' individual child care experiences. By developing a sound understanding of a local community, through analysis of the child care needs of this microcosm, state and national planning efforts can be initiated to better meet community needs through the provision of financial assistance and public support. Child care is a necessary support to an increasing number of families; it is time this country faces the challenge it presents.

CHAPTER III

THE STUDY

Introduction

Child care continues to be one of the most pressing issues for working parents today. Despite the tremendous demand for these services and the networks that have evolved to meet this need, systematic planning for child care services continues to be often overlooked or conducted haphazardly. In the absence of a cooperative community-wide approach, including going directly to the people to learn of their needs, families have little hope of receiving the services they so desperately need. The first step, assessing community need for child care, is critical to effectively plan for the improvement and/or expansion of child care services. The purpose of the present study was to contribute to the data base and inform a local community agency about the community's child care needs. This study was conductedby interviewing Evanston families currently utilizing full-time child care services, providers supplying these services, and community leaders with a vested interest or role in the local child care delivery system.

Methodology

Sample

All parents and providers currently purchasing or providing full-time center-based (or home day care) services through Child Care Center in Evanston were invited to participate in this research project. Sixteen centers/schools, representing approximately 1000 children, were invited to participate. Two of

the directors declined the invitation. The resulting sample of 14 centers/schools has a combined licensed capacity of 862 children. The actual enrollment of these 14 centers was 832 in January 1993 when the parent surveys were distributed. The surveys were coded on the survey itself with a number indicating the center to which the survey was distributed. The directors from each of the 14 centers were asked to complete the Directors' Questionnaire. Sixteen community leaders were interviewed for the purpose of this study. This group included representatives from Evanston Committee for Community Coordinated Child Care (4Cs) and Evanston Early Childhood Council (Directors' Network). Attempts were made to draw a diverse sample which would be representative of Evanston's cosmopolitan community.

Instrumentation

Two questionnaires and one interview instrument were used to assess parents', directors', and community leaders' perceptions of local child care needs. The parent questionnaire was adapted from previously published questionnaires and surveys including the Children's Defense Fund (1982), the Louis Harris Phillip Morris studies (1989), and the Urban Institute's Day Care project (Zamoff, 1971). The work of Fried and O'Reilly (1985), Jorde-Bloom (1989), Willer (1990) and Zamoff (1971) were useful in the design of the directors' questionnaire and the community leaders' interview.

In the Parent Survey (Appendix A), the variables of affordability, availability, and quality were measured in the following way. Affordability was determined by the responses to questions 8, 9, 13, 15, and 17; availability by questions 5, 6, 13, 14, and 15; accessibility by questions 12 and 13; and quality by questions 10 and 15.

In the Directors' Questionnaire (Appendix B), affordability was measured by questions 5 and 6; availability by questions 4, 13 and 14; quality by questions 7, 8, 11, 12, and 20; and collaboration by questions 16, 17, 18, and 20.

The Community Leaders' Interview (Appendix C) was used to assess the opinions and experiences of various persons in leadership roles in the Evanston child care community and city government. The interview questions found in Appendix C served as a general guide to the interviews conducted with these community leaders. The questions were modified for the individual interviews as was necessary to gain the information desired.

Data Collection Procedures

The parent and director surveys were distributed in January 1993. The director at each participating center or day care home on the list (Appendix D) was asked to distribute questionnaires to all of the families currently enrolled. A total of 832 parent surveys were distributed by the 14 centers. Parent reminders were sent to each of the centers mid-February; director reminders were sent mid-February and mid-March. By March 15, 226 completed

questionnaires had been returned. This was a 27% response rate and was considered a sufficient number to use for the data analysis. Community leader interviews were conducted individually by phone and/or in person during January and February 1993.

Data Analysis

Descriptive statistics were used to report the findings from the questionnaires and interviews. The data were organized through the use of frequency tables, pie charts, and tables showing patterns in the responses. A qualitative analysis of the responses to the open-ended questions was also done.

The results of this study will be shared with the directors in the form of a short summary. It will also be presented to the Evanston 4Cs. Data will be useful in the organization's strategic planning process currently under way.

Results

The data gathered from the study will be presented in three sections: parents, providers, and community leaders. A concluding section of summarizing and explanatory remarks will seek to demonstrate consensus or dissension among the three groups and advance a model for moving into the planning phase of improving and/or expanding child care service delivery.

Parent Survey

An analysis of demographic data on the parents revealed that the vast majority of parent respondents are Evanston residents

(77%); Chicago (12%) and Skokie (6%) account for the next largest cities of residence. A full 30% of the parent respondents both live and work in Evanston. An additional 37% work in Evanston although residing elsewhere. Chicago (28%) and the North and Northwest suburbs account for the majority of other workplace destinations. Of the 226 respondents, 113 families (50%) have only one child in need of child care; 97 (43%) have two children in need of these services. For their children, most of the families (70%) use child care services between 40 and 60 hours per week. Using Evanston's Census data (Household, Family, and Nonfamily Income) in 1989 for comparison, this researcher noted the similarity between the income distribution of the larger Evanston population and that of the sample population.

The results shown in Table 1 demonstrate the wide distribution of family income levels this study represents. It is interesting to note in Table 2 that parents' satisfaction with child care scores, as indicated in Parent Survey Question 15, seemed only slightly related to their income level.

Table 1

Income Distribution of Evanston Residents and Survey Respondents

Family Income Level	Evanston Residents %	Study Sample %
Less than $20,000	12	20
$20,000-40,000	22	13
$40,000-60,000	23	22
$60,000-80,000	12	12
$80,000-100,000	12	15
More than $100,000	18	19

Table 2

Overall Parent Satisfaction with Child Care as a Function of Income

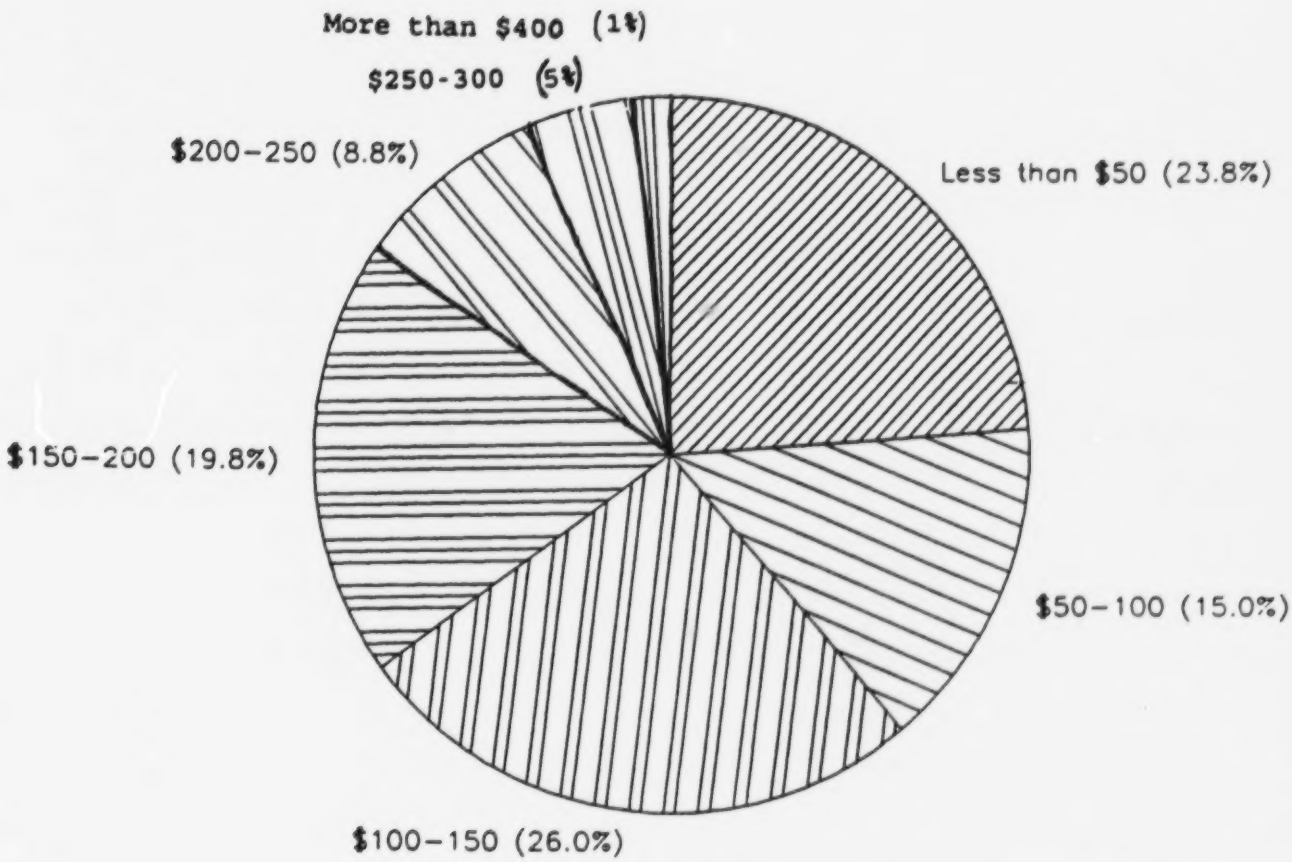
Income Level	M	Range
Less than $20,000	13.44	0-16
$20,000-40,000	12.91	1-16
$40,000-60,000	13.21	5-16
$60,000-80,000	13.46	9-16
$80,000-100,000	13.46	10-16
More than $100,000	13.72	11-16

There was virtually no association between parents' responses to Question 15 (satisfaction) and responses to the suggestion elsewhere in the survey that child care be made more affordable. The presumption that families with lower income would be less satisfied with child care because of the financial burden that child care represents to them was not born out in this study.

Parent responses: Affordability. The most precise measure of parents' opinions of affordability of child care came with the data on real child care costs, the percentage of their income dedicated to child care costs, the financial assistance they receive for child care, and their satisfaction with the cost of their child care. The responses to Question 8 indicating the cost of child care services per family per week are presented in Figure 1.

Figure 1

Weekly Child Care Costs Per Family



More informative than Figure 1 perhaps are the responses to Question 17. The vast majority of parent respondents pay less than 20% of their income towards child care costs; fully 44% pay less than 10%. An additional 35% pay between 11 and 20%. While 10% of those paying less than 10% of their income towards child care receive Title XX funding to assist them with care, the majority (66%) of families responding to the survey do not receive any financial assistance at all.

Of those receiving financial assistance, Title XX represents the largest type of assistance with 19% of families reporting they receive this type of support; 7% of families report receiving scholarships or discounts. Only 8.5% of the respondents receive assistance for child care through their employer in the way of vouchers, flexible spending accounts, or discounts with child care providers. One parent suggested, "We need more support in general from both employers and government for affordable, high quality day care." Another parent reiterated the importance of corporate and governmental support "so employees can be parents."

Satisfaction with child care cost was quite high, with several families actually reporting that they would be willing to pay more for the care their children receive. One parent responded, "I would be willing to pay a bit more." And another parent offered, "Maybe I should be paying more because others can't?" There was also a letter written to this researcher from one parent detailing the financial difficulties she and her

family are experiencing because her husband is unemployed. She writes, "With my next child and my husband doing odd jobs we are still in a financial bind that will effect my daughter continuing school." On a scale of 0 to 2 points (from 0 = Not at all Satisfied, 1 = Somewhat Satisfied, and 2 = Very Satisfied), the mean satisfaction score for cost was 1.36. This score represents the lowest satisfaction score for the eight variables of child care listed in Question 15. For cost of care, 48% reported feeling very satisfied; 40% reported feeling somewhat satisfied; and 12% reported feeling not at all satisfied. It is notable that of those reporting that they are not at all satisfied with the cost of child care, 30% pay more than 20% of their income toward child care and 15% earn less than $20,000 annually. It is also worth mentioning that more than 37% of this same group dissatisfied with child care costs earn more than $60,000 annually and 15% pay less than 10% of their income towards child care. These data reflect the complexity of measuring parent satisfaction as it relates to family income or financial burden. As one parent indicated, "I would pay almost anything if I knew my children were well cared for." Compared to national statistics on child care costs (Children's Defense Fund, 1987) Evanston's child care costs are higher than the national average. While nationally families pay an average of $3,000 per year per child, the Evanston families responding to this survey pay approximately $4,212 per child per year. Cost being of great concern to the parent respondents, they offered many suggestions

many suggestions related to cost and affordability of child care. Several parents echoed the thoughts of this parent who said, "I wish some people would try to understand how hard it is being a single parent with a child and a low income."

In response to Question 13 concerning problems finding care, of the 83 parents who responded affirmatively to the question, 33% considered cost the main reason for their difficulties. The responses centered on the unaffordability of many child care options which parents might have selected if their family finances could support them. One parent explained, "I had no funds for the places I envisioned my child being as an infant." Figure 2 summarizes parents' suggestions related to cost.

Parent responses: Availability. In Evanston, there is a large number of child care facilities that provide child care services in a wide variety of settings. Of the respondents, 98% receive child care services in Evanston. Surrounding communities of Chicago, Skokie, Morton Grove, and Wilmette account for the remaining 2%. When each child is counted separately for each type of child care he or she receives, the total number of child care arrangements noted in this study is 401. A distribution of these child care arrangements is presented in Figure 3. The patchwork metaphor used by Child Care Action Campaign to describe the situation where numerous child care arrangements must be pieced together to meet a family's child care needs

Figure 2

Parent Suggestions Related to Cost

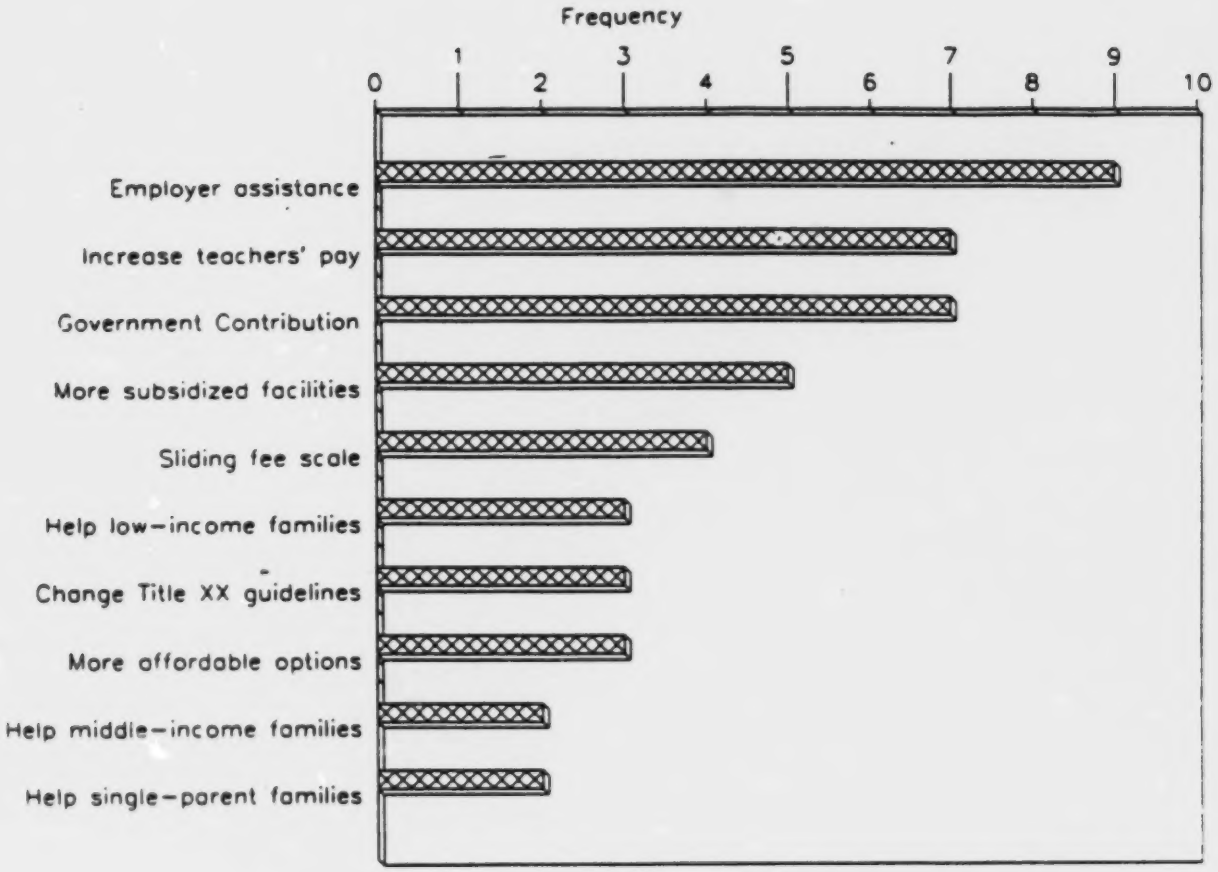
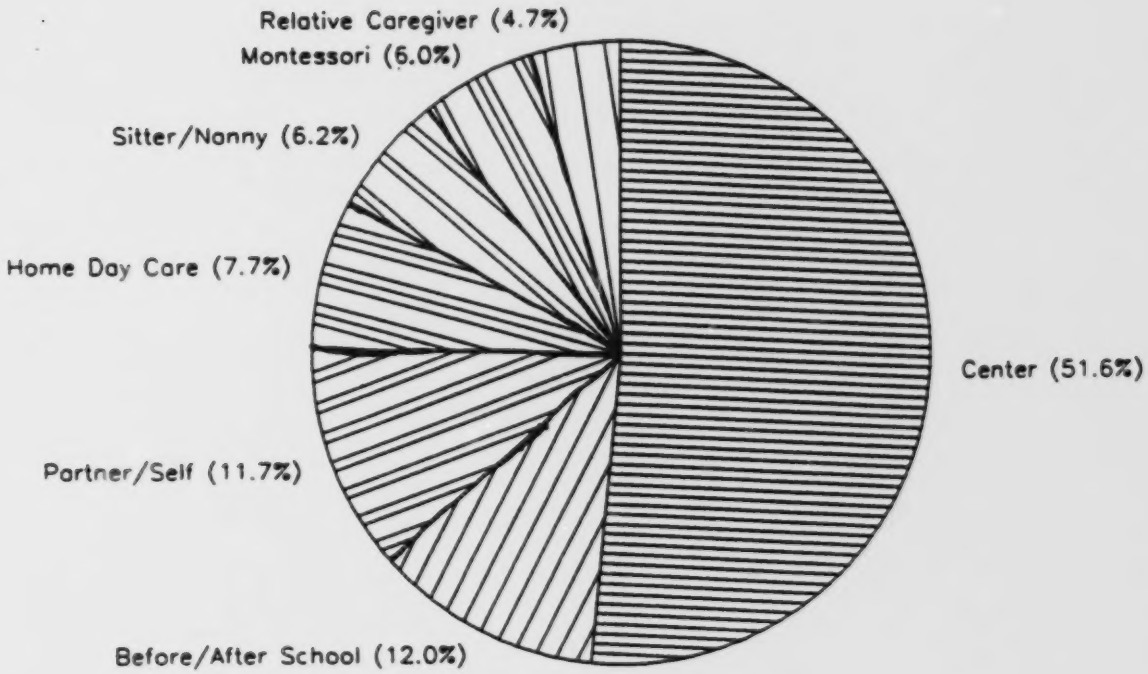


Figure 3

Current Child Care Arrangements



appears to characterize many of the respondents to this study. It was not at all unusual for families to report using two or three child care arrangements for their child. An additional piece of this patchwork of services involves arrangements which must be made for the care of the sick child. The same number of parents responded that they have sick child care arrangements as those who do not. A number of parents noted that they or their partner stay home with their sick child. Two parents specified that lack of sick child care is a weighty problem for their families.

Of those responding that they had encountered difficulties in finding care, availability of child care was reported by 67% as a main obstacle. As one parent indicated, "I worry that low-income families may have trouble finding child care." The particular problems parents had with the availability of care are enumerated in Figure 4.

Overall satisfaction with availability of child care services earned a mean score of 1.73 (range 0-2). Seventy-five percent of the parents responding indicated feeling very satisfied with availability. Ninety-two parents made suggestions in the open-ended questions which related to the issue of availability. Their comments are presented in Figure 5.

Parent responses: Accessibility. Question 12 was not worded clearly, resulting in 30 non-responses and 20 misinterpretations of the question. This survey design limitation prevented securing a complete understanding of the issue of accessibility. However,

Figure 4

Problems Related to Availability

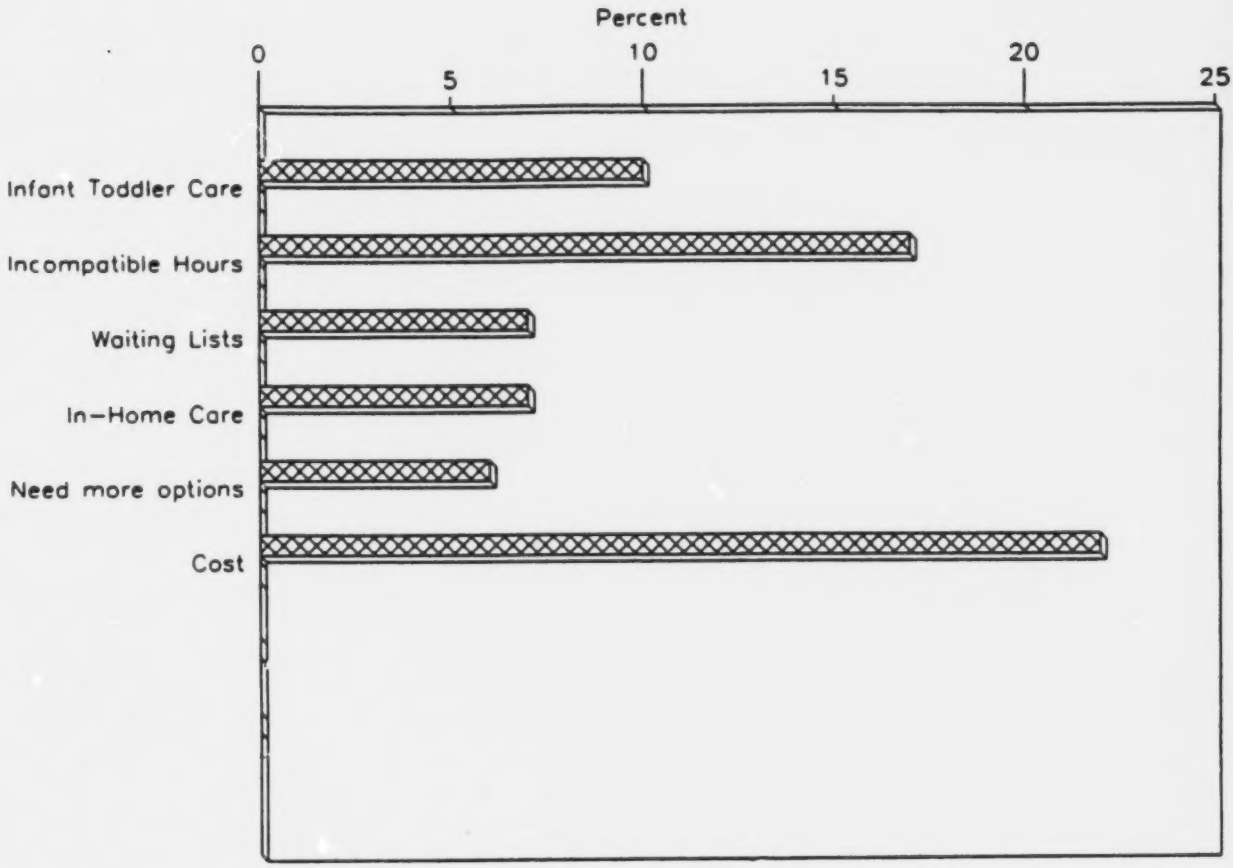
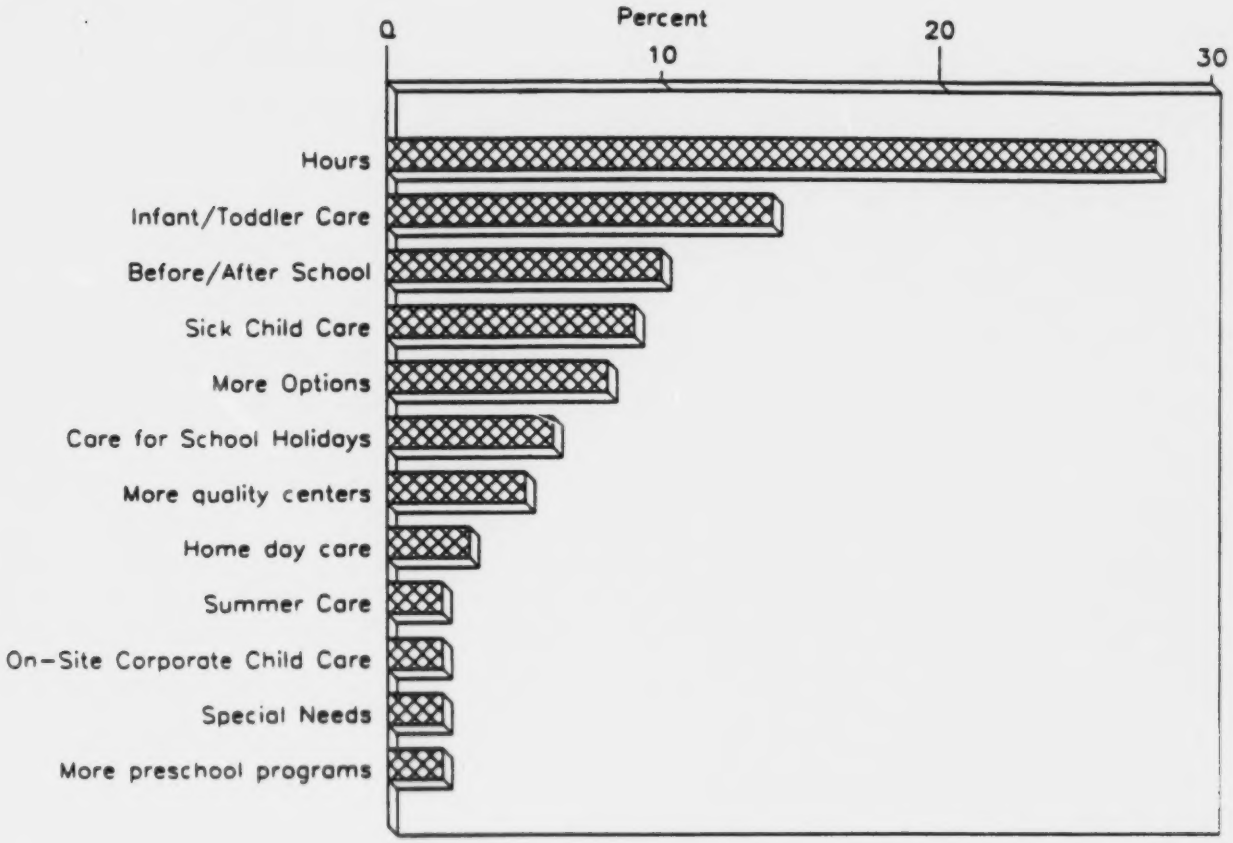


Figure 5

Suggestions Related to Availability



the 207 individuals who did respond to the question, shown in Figure 6, noted a wide range of ways that they used to locate their current child care arrangements. Of those parents reporting difficulties in finding child care, 31% cited accessibility as a main concern. Many parents commented on the difficulty of locating child care. One parent reported feeling "really lost and overwhelmed trying to find appropriate infant care." Another parent described feeling "I was making arrangements somewhat blindly." One parent characterized the search as "difficult for the first time parent to negotiate on their own." Figure 7 summarizes these data.

Parent responses: Quality. Consistent with current research in the field, parents reported that caregivers were the single most important factor in choosing child care. Many parents responded that selecting only two of the eight factors was very difficult. Where parents selected more than two factors, all responses were reported in the summary statistics. Some parents reported socially desired responses. One parent remarked that she had reported one set of answers on the survey because she believed that was what this researcher wanted to hear. This comment indicated once again the limitations of a self-report measure where respondents try to "second-guess" the researcher and tell her what they think she wants to hear. Figure 8 reveals how parents prioritized factors associated with quality of care.

Overall satisfaction scores were quite high. Despite the obstacles which parents encounter in a number of areas, parents

Figure 6

Methods of Locating Child Care

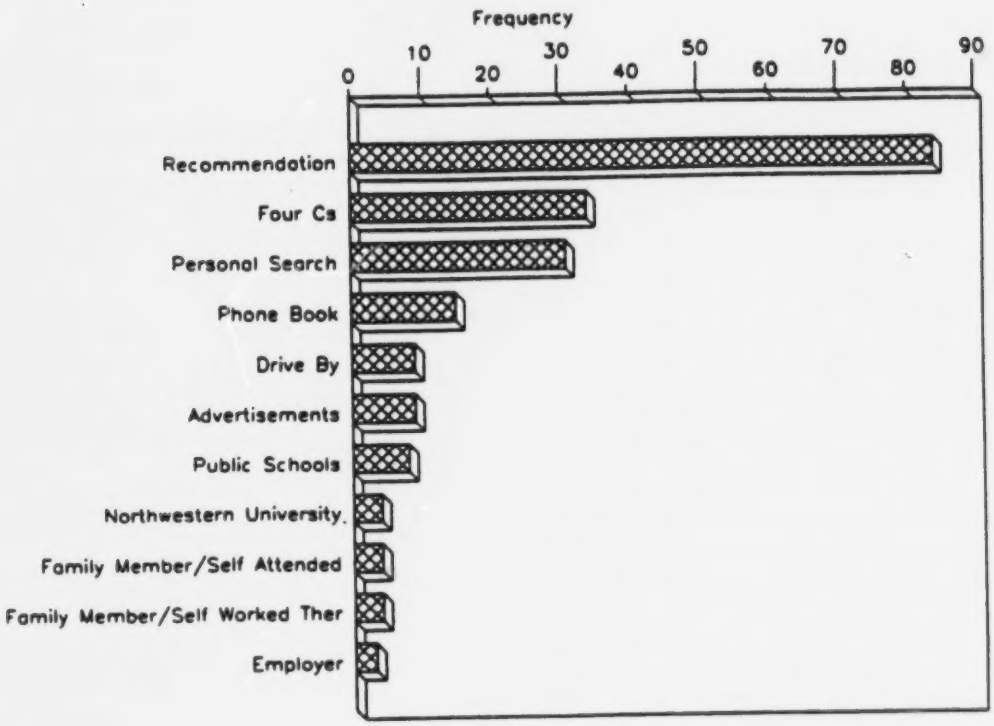


Figure 7

Problems Related to Accessibility

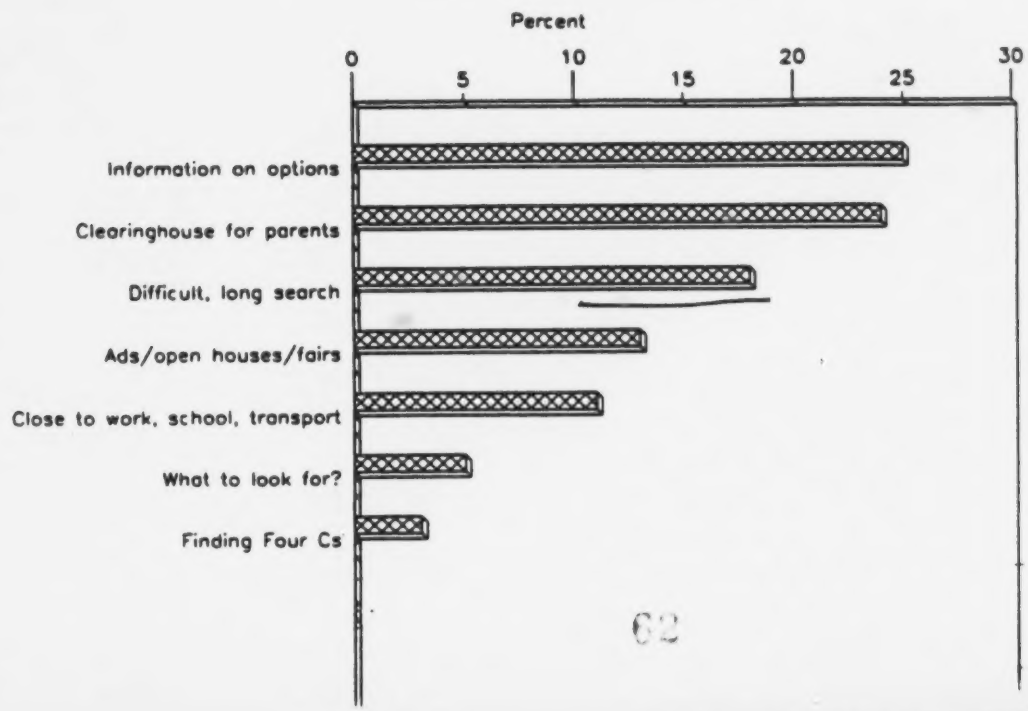
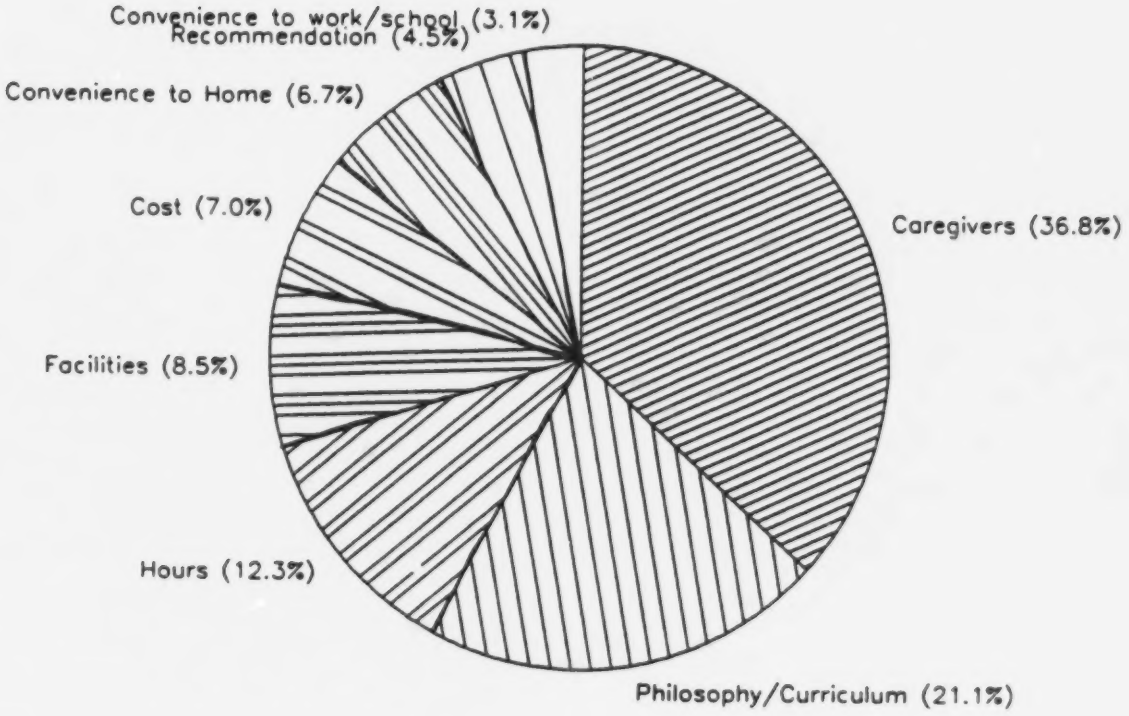


Figure 8

Priority Factors in Choosing Child Care



seem quite satisfied with their current child care arrangements. One parent explained, "I really like the program my child is enrolled in or she wouldn't be there." It is possible that those who took the time to respond to this survey may represent a more satisfied group of parents than those who chose not to respond. The overall satisfaction scores for all eight factors listed in Question 15 produced a mean of 13.23; the median was 14.5; the mode was 16. Table 3 depicts the distribution of satisfaction scores for each factor.

Table 3

Parent Satisfaction Scores for 8 Variables of Child Care Quality

Variable	M
Cost	1.37
Policies	1.66
Administration	1.69
Availability	1.74
Facilities	1.80
Quality	1.84
Caregivers	1.88
Reliability	1.92

Parental suggestions related to indicators of quality focused on basic indicators of high quality child care. Those parents responding, as a group, were thoughtful and insightful. There were several parents who had had particularly upsetting child care experiences. One parent recounted, "When my daughter was an infant I had to remove her from a setting which did not have her best interests at heart." Another parent described that she too had experienced problems finding child care. She had

found child care "too expensive and some of them child abuse." They effectively conveyed their knowledge of the child care issues and displayed an understanding of the options available to remedy the situation. One parent suggested, "To improve the service system in Evanston, improve competition with more quality centers. If our center director knew that she had to compete to keep her clients truly satisfied there might be more truly happy parents." Many parents addressed the issue of teacher qualifications and pay. One parent commented that, "The quality of the teachers even at one institution varies so widely - one wonders what the criteria are for becoming a child care provider!" Several parents recommended higher pay for teachers: "Find a way to pay teachers more. They are a precious commodity and deserve more;" "Give the teachers more money so they have an incentive to stay working" (indicating an understanding of the relationship between low wages and high staff turnover). The results of their suggestions are noted in Table 4.

Table 4

Parent Suggestions for Improving Child Care Quality

Suggestion	f	%
Greater number of activities/materials	15	25
Better staffing: ratios, group sizes	12	20
Increase teachers' pay	7	12
Better teacher training	6	10
Family-oriented programming & services	3	5
Improve teacher-parent communication	3	5
Better facilities	2	3
Greater diversity in enrollment & programs	2	3
Access to information on licensing/ranking	2	3

Director Survey

Fourteen directors agreed to distribute surveys to their currently enrolled families for the purpose of this study. In addition, this agreement was understood to be tacit acceptance of the responsibility for the directors to complete the Director Survey. Director Surveys were distributed with Parent Surveys in mid-January 1993. Reminders were sent to the directors in mid-February 1993. Despite this follow-up only ten director surveys and returned, representing a 71% response rate.

The ten directors responding to the survey represent a licensed capacity of 849 children. Program sizes range from 12-155 children. With the exception of the director of Teen Baby Nursery (which serves the children of Evanston Township High School students) all directors responded that 78-100% of the mothers of their currently enrolled children worked outside the home. Waiting lists are maintained at many of the child care centers surveyed. Of the seven directors responding affirmatively to the question of maintaining a waiting list, five reported having more than ten families currently listed.

Of the ten directors responding to the survey, seven accept Title XX funding, three provide scholarships, one provides discounts, and one provides a sliding fee scale to families based on household income. Only one of the ten directors is interested in pursuing accreditation through the National Association for the Education of Young Children (NAEYC). NAEYC accreditation, an intense self-assessment and evaluation process, is considered,

within the field of early childhood, to represent a calibre of quality of service which far exceeds that required by state licensing. Directors noted staff turnover rates ranging from 0-32%. These numbers may be somewhat misleading due to the marked differences in staff sizes which can distort reported percentages. The directors collectively represent an educated group of women who are dedicated to the field of early childhood education. The average number of years of education was over 17 years, signifying that many hold at least one master's degree. The number of years each has been with their current program ranged from 2 months to 35 years. The directors reported they held their present position from 2 months to 22 years. Eight of the directors bring experience in teaching to their current positions as director. The remaining two directors have backgrounds in either counseling or law. Several directors felt the greatest child care need in the Evanston community was for infant and toddler care.

General program literature received from 12 of the fourteen programs was important to the analysis of the affordability and availability of child care in the Evanston community. The average number of hours the programs provide child care services is just over ten hours. The ages of children served in these programs ranges from six weeks to fourteen years. Five programs have infant programs; seven have toddler programs; ten have programs for two-year-olds; ten have preschool programs; and four programs serve school-age children. The cost of full-time child

care is most expensive for infants and proportionately less expensive for preschoolers and school-age children. The cost of infant care ranges from $120-185 per week, with an average cost of $153. Toddler care ranges from $105-205 per week, with an average cost of $146. Child care costs for two-year-olds range from $85-160 per week, with an average cost of $126. Preschool costs range from $68-185 per week, with an average cost of $116. Child care costs for school-age children range from $21-105 per week, with an average cost of $76. Nine programs charge late fees ranging from $1 per minute to $5 for every 15 minutes a parent is late in picking up his or her child from child care. Four programs require a deposit to secure enrollment; two require deposits equal to one week's tuition; one requires a deposit of two weeks' tuition; and one program requires a deposit of 10% of the annual child care costs. In addition, four programs require registration fees between $25-100, with an average fee of $58.

The directors feel that there are some parent requests for services which are going unmet. Among these needs are more affordable options for infant and toddler care; affordable sick day care; affordable non-Title XX child care; affordable housing; affordable, accessible health care for families; and family leave policies.

A wide variety of answers resulted from the question about emerging issues and trends in the field of early childhood education. Table 5 reports these responses.

Table 5

Directors' Perceptions of Issues/Trends in the Field of Early Childhood Education

Issue	f
Better wages	2
Children with special needs	2
Employers' need for child care information	1
Better staff training in child care	1
Focus on children's developmental needs	1
Infant care	1
Family day care	1
Child care needs of families with more than two children	1
DCFS restructuring	1
Anti-Bias Curriculum	1

Suggestions for improving the child care system in Evanston also elicited a variety of responses as shown in Table 6.

Table 6

Directors' Suggestions for Improving Child Care in Evanston

Suggestion	f
More child care slots	1
More child care slots for low-income families	1
Better Title XX reimbursement rate to programs	1
Money	1
More child care regulation for centers and homes	1
More coordination with other agencies serving children	1
Community-wide response to salary issues	1

Community Leader Interviews

For the purposes of this study, 16 community leaders were interviewed. These individuals represent a wide variety of positions within the community. Appendix E lists the names and titles of the community leaders interviewed. The community leaders (twelve women and four men) were asked for their comments

to a number of questions (Appendix C). The questions addressed the issues of child care affordability, availability, accessibility, quality, and collaboration between service providers.

Community leader responses: Affordability. Two community leaders spoke directly to the issue of affordability of child care in Evanston. Wolfe's comments emphasized the particular needs of low-income parents for child care information as distinct from their wealthier counterparts. She commented that low-income parents as a group often do not use advance planning. For example, they will accept employment before having their child care arrangements in place and expect a service provider to enroll their child with no prior notice. Wolfe also believes the child care delivery system in Evanston as a system is largely unaffordable to the low-income population in the community. She also believes the system provides few choices for low-income parents depriving them of autonomy and decision-making abilities to effect their own lives. Wolfe recommends the design of a "tool to assist low-income parents in locating care," explaining that their distinct needs require this action. DePaul expanded upon Wolfe's comments when she stated "cost of care forces parents into big centers" which are more affordable than many other child care program options.

Community leader responses: Availability. The issue of availability drew the greatest number of responses from the

community leaders as compared to the other issues investigated in the interviews. Six individuals remarked on the abundance of child care in Evanston in comparison with neighboring communities For example, Gornick commented, "Evanston is a model community." Terry added, "We have a lot to be thankful for." Lanich and Terry applauded the aggressive efforts of Alberta Porges, former director of 4Cs, in creating the model child care system which Evanston enjoys.

Not all of the remarks were complimentary. Criticisms related to availability including the difficulty of finding infant care, "shared care," and temporary care. Levy related parents' need for more options, longer hours, more center-based care, and care in parents' own neighborhoods. Terry, the father of a six-month-old, lamented the difficulty of arranging in-h e care specifically. Suggestions for remedying the situation offered by Gornick included putting more money into school-age care. Rainey suggested easing the restrictions for providers interested in starting child care operations in Evanston. Three leaders provided commentary on the unique issue of employer-supported child care. Michaels believes employee benefits, as an "equity issue" broadens the discussion to include many more options for employers than on-site child care. Cafeteria plans and "flexible time-off" also signal an employer's efforts to address the needs of working parents. Michaels, a corporate child care consultant, reiterated that there are many employee benefits which are taking priority over child care these days.

Although some employers, including Evanston Hospital, are directly attempting to address the issue of child care affordability and availability, Matek asserts that "child care is still seen as a woman's burden." Wise stated that Evanston Hospital provides reimbursement accounts to its employees as well as making agreements with community child care centers to "keep slots open for hospital employees" and the hospital offers discounts to their employees who utilize these centers for their children. Wise specified that there is "no guarantee of quality" of care in these centers. In fact, he was quite adamant about the hospital's preference to not be involved in determinations of this kind.

Community leader responses: Accessibility. Four Cs role in child care information and referral in Evanston was highlighted in the leaders' remarks about accessibility. Five individuals commented on how well they believed Four Cs was fulfilling its responsibilities with regard to linking families with child care. Lanich praised Alberta Porges for her success in improving accessibility for families; Gornick asserted that "Four Cs is doing a pretty good job"; and Levy and Wolfe proposed a larger role for Four Cs in assisting parents, especially low-income parents, in accessing child care services. The obstacles to accessibility, according to the leaders, were hours of care and a cumbersome, difficult search process. Matek explained that "bad experiences educate parents about where, how, and what to look for in child care" (making mistakes informs subsequent

choices). Despite Witt's opinion that many parents find their child care arrangements through "word-of-mouth," she described the City's desire to work with Four Cs to develop a pamphlet for City employees to assist them in their child care search. Levy indicated that a better link between schools and child care would be beneficial to families' efforts to arrange child care.

Community Leader Interviews: Quality. After availability of child care, the issue of quality of care earned the greatest number of responses from community leaders. From the perspective of the Department of Children and Family Services (DCFS) licensing representatives, Lanich and Verville, quality of child care in Evanston, as measured by compliance with licensing standards, is good. DePaul and Terry qualified their answers with the stance that quality of care varies tremendously from one program to the next, and both good and poor quality are available in Evanston. Terry discussed how the reputations of various child care programs are well-publicized throughout the community to their advantage or disadvantage. A focus on child care staff qualifications and wages as indicators of quality was apparent in several of the leaders' comments. Verville emphasized that high standards of care are tied to a professional wage. Levy and Verville agreed that low wages are a contributing factor to the high turnover rate of caregivers which is a detriment to high quality child care. Directors, according to Verville and Pettineo, are cooperative and attentive to the ideals of high quality child care. Verville underscored the critical role

which directors play in determining the overall quality of a child care program.

Particular issues raised by the community leaders with regard to child care quality were the need for inclusion programs (Levy and Beem), greater diversity in early childhood programs (Levy), more quality control in home day care (Levy), and the on-going need for staff evaluation and curriculum planning (Gornick). Matek, representing the population of stay-at-home mothers of the North Shore communities, portrayed the child care scene as one which is characterized by disease, lack of individual attention, and poor quality care provided by inadequately trained high school and college student staff persons. DePaul believes that many parents stay with inferior quality child care arrangements to minimize the transitions for their children.

Community leader interviews: Collaboration. Five individuals mentioned the need for greater collaboration for early childhood services. Beem, Gornick, and Levy noted the need for schools and child care programs to work together in Evanston. They perceive a role for Four Cs in the coordination of such a collaboration. Markowitz spoke of the Early Start Interagency Council in Evanston which collaborates for early childhood services for children at-risk of developmental delay as evidence of Evanston's collaborative ventures. Witt invited Four Cs to embark on a collaborative project with the City to improve and expand services for children and families, perhaps through a City

employee child care center or the development of literature for parents seeking child care services in the community.

Discussion

As a needs assessment approach, this study was able to measure parents' utilization, satisfaction and/or dissatisfaction with child care services. The data will provide useful information to further improve and plan child care services in Evanston. United Way of America (1982) characterizes such research as a "community-wide approach in establishing priorities for programming" using the "principle of community responsibility" (p. 3). As such, the emphasis on consumer feedback to policy makers is an excellent tool to keep providers, policy makers, and government officials accountable to the service recipients.

The wealth of information and the impassioned responses to the survey clearly indicate to this researcher, the need families have for support and an opportunity, which this study provided, for them to express their feelings. As Olmsted and Weikart (1989) describe, "The early childhood service system has remained a decentralized one, and to a large degree, each family is responsible for locating and supporting the services for their own children" (p. 398). One parent said tentatively, "To my knowledge everything is working out ok [sic] so far." The comments written on the surveys related personal family struggles and successes in locating child care services. One parent wrote,"I am not qualified to criticize [child care]." In addition

to the fact that this study collected important data, it hopefully also proved to be valuable as a tool for empowering parents to appreciate the contributions they can make to the child care discussion by voicing their opinions. Together the data depict an information shortage in child care where parents are uncertain how to locate care, how to assess its quality, how to approach employers for assistance, and how to manage the burden of child care costs. The parents' frustrations were evident in the comments including one parent's describing "I feel hopeless." The irony is that their greatest frustrations, in many instances, could have been largely alleviated by utilizing the services which Four Cs offers. Despite this confusion, it was tremendously reaffirming to witness the strength that parents exhibit in coping with their difficult circumstances. The responses to the surveys came from a largely knowledgeable group of parents. At least in Evanston, parents have choices, advocates, and the resourcefulness to demand more for their children.

The information gleaned from Questions 12 and 13 will prove quite valuable to Four Cs as they work to improve the accessibility of child care services for families in Evanston. Particularly informative are the ways in which families access information about child care services and the information and referral role which this encourages Four Cs to play in the community. The fact that parents experience difficulty finding care and look to someone to provide assistance, is an obvious

invitation to Four Cs to expand its services and attempt to better meet the needs of children and families in the community.

Parent responses as a whole emphasized a distinct few suggestions: the need for better teacher training and pay, more financial assistance to low- and middle-income families, help in both locating child care and judging its quality, and a greater emphasis on developmentally appropriate practices for young children which are family-focused and encourage family involvement. Specific comments included disappointment that employers were not doing their part to help their employees with child care needs, a frustration that providers were not adequately addressing the needs of working families for longer child care hours, and the dissatisfaction with insensitive and unresponsive program policies which do not reflect an understanding of, or respect for, families and their needs. The parent respondents communicated a message which clearly agrees with the message of early childhood advocates. Services to children should be:1) family-focused; 2) comprehensive; 3) community-based; 4) integrated; 5) high quality/developmentally appropriate practice; 6) inclusive; and 7) equitable (NASBE, 1991). What remains to be seen is whether there is agreement between parents and those who provide the services and create the policies.

The directors as a group seemed to be not only concerned with the issue of child care but also the larger issues of what it is like to be raising a family in Evanston at this point in

history. Their comments were far-reaching and centered around a concern that fragmentation of services to children and families was more the rule than the exception. Many of the directors responded confidently that they were both aware of the difficulties families face in meeting the needs of their children and had recommendations for remedying the situation. Their account of difficulties mirrors those reported by both parents and community leaders. Their emphasis on the larger issues of health care, housing, and family leave was a departure from the responses of the other two groups but definitely in keeping with the concerns expressed across the three groups collectively.

A common theme expressed by all three groups was for more, affordable services to families with infants and toddlers, more sick day care options, and more financial assistance to families. The directors' emphasis on staff training and curriculum echoes that of both the parents and the community leaders. Directors stressed the need for improved inter-agency coordination of services as well as the need for better overall regulation of child care. Both of these issues speak to the importance of accountability of service providers to the families they serve.

Data analysis conducted on the parent surveys, director surveys, and community leader interviews reveals a strong consensus between the three groups with respect to the issue of child care in Evanston. The groups are generally very satisfied. The issue of affordability notwithstanding, criticisms were few and largely tentative.

Availability of child care was viewed quite positively by all three groups. Although parents and leaders maintained that there could always be more programs available to families, the current supply was quite satisfactory.

Major concerns arose out of the discussion with the groups surrounding the issues of accessibility and quality of child care. Concerns with accessibility detailed the difficulty of locating child care, the inflexibility of providers in failing to adequately address the expressed needs of families, and the uncertainty parents experience when attempting to assess program quality. Leaders corroborated parents' concerns about accessibility with their acknowledgements that Four C's is doing a good job, but needs the support of the public school system and employers in the community. Parents, directors, and leaders each emphasized the difficulties low- and middle-income families face in attempting to meet child care costs. National statistics reveal that only 1% of eligible families receive subsidized child care assistance (Lifetime 1988).

The largest number of responses came from parents surrounding the issue of quality of care. Responses ranged widely from suggestions for better teacher training to intergenerational programming. Most recommendations centered on the subjects of caregivers and curriculum. This finding is undoubtedly associated with parents' ranking caregivers as the most important factor in selecting their child care arrangements. Community leaders substantiated the parents' claims with their

large number of comments relating to the need for more quality control, better teacher training, and on-going evaluation of quality issues by program administrators. Directors validated these concerns about program quality by stressing the need for enhanced financial assistance to families which would provide better wages to teachers and improve program quality. The directors also addressed the issue of on-going staff training and the changing "face" of child care with increasing demands for including new curriculum addressing anti-bias issues and for serving children with special needs.

What is not at all clear from the data analysis is the extent to which parent, director, and community leader responses are reliable self-report measures. Certainly for parents, there are a multitude of reasons for minimizing concerns or exaggerating satisfaction with child care.

Furthermore, there is the concern with generalizing the comments of this small sample of parents to the larger parent population of Evanston. It is plausible that these parents represent a distinct group whose willingness to respond to a mail survey differentiate them from the larger parent population in Evanston.

For all of these reasons, the findings of this study will necessarily constitute only one piece of the child care needs assessment equation to inform future child care developments in Evanston. It is the hope of this researcher that these findings will be useful not only for their own merit, but for the impetus

they provide for continuing the conversation about and advocacy for better child care services for children and families. As Kagan (1990) asserts, "I think we are up to the challenge... of changing and dramatically recontouring children's lives [for the better]." Let us do just that.

Conclusion

This study advanced a model for analyzing a community's child care needs in a comprehensive manner taking into account the unique perspectives of parents, providers, and community leaders. Through this process of information gathering it was possible to discern the important issues and gain insight into the many players who impact the local child care delivery system. With the needs assessment completed and the data available to the local child care coordinating agency (4Cs), the planning process for expansion and improvement can begin. The collective opinions of all individuals interviewed and surveyed can inform the design of an intelligent and effective child care system at the local level to meet families' needs.

Any attempt to address the needs of families transcends the particular domains of child care, school, housing, or health care programs. To effectively meet families' needs, the collaboration of all service providers and policymakers is necessary. To the extent that this study stimulated a discussion among these individuals, it achieved what it set out to do. Only by rising above specific concerns of any one program can a model be

advanced for facing the comprehensive needs of children and families in the Evanston community and ameliorating the present child care crisis. The current system, although functioning, shows many signs of malfunction. Fortunately, those who are currently providing and receiving child care services recognize the problems and have suggested possible solutions.

This study reveals the need for additional research into the ways in which child care is financed and the decisions which parents often make to continue with a child care arrangement when it is unsatisfactory by their standards. More research is needed to discern the role employers can play in assisting working parents with their child care needs. With national debate centering on the construction of a national child care policy, research into the affordability, availability, accessibility, quality, and collaboration of child care services is essential.

Future studies of parents' satisfaction with child care could benefit from a greater emphasis on actively soliciting parent responses through methods other than the mail survey design utilized in this research. The findings of this study, although representing a good response rate and a diverse group of respondents, may not accurately reflect the lives of many Evanston families. And it remains largely unknown to what extent child care providers are aware of the needs of working parents and are inclined to make efforts to meet these needs.

The large discrepancies in child care hours, costs, services, and administrative policies of the child care programs

surveyed further indicate the need for additional research into the manner in which private day care providers operate their businesses. A largely unresearched area is the manner in which child care businesses overrely on parent fees to cover the costs of doing business. Experience has shown that parent fees alone cannot sustain child care businesses. This would indicate that day care operators need to be more creative in seeking additional funding from a variety of sources. Business consortia may provide valuable insight into a brighter future for child care by assuming a larger responsibility for the financing of child care programs and assisting with staff recruitment efforts.

Finally, the arena of child care licensing necessitates further investigation. Future research into states' child care licensing standards (particularly as juxtaposed to the accreditation criteria of the National Academy of Early Childhood Programs) would make an excellent contribution to the discussion on child care quality.

As these concluding remarks have shown, there continue to be many issues in child care which are poorly understood. It is hoped that this study has provided insight into some of the important questions and provided a model for analyzing child care services in local communities. The discussion which has begun needs to continue.

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APPENDICES

The Evanston Committee for
COMMUNITY COORDINATED CHILD CARE
518 Davis St. Evanston, Illinois 60201 708.475.2661

Dear Parent,

I am a graduate student in education at National-Louis University conducting a study of child care services in Evanston. I would like to explore your ideas on these services and your satisfactions and dissatisfactions with the child care experiences of children in this community. What you say will be held in strict confidence. Only summaries of parent opinion will become part of my master's thesis combining the views of parents, local child care providers, and city officials involved in the local child care delivery system.

This research is a joint venture between myself and the Evanston Committee for Community Coordinated Child Care (4Cs). With the assistance and support of this organization, funded by public dollars and private donations, and its executive director, Helen McCarthy, we are inviting your participation in our research. The 4Cs is the agency which coordinates the delivery of child care services within Evanston. Therefore, your answers will be critical to our efforts at effectively planning for future child care programming in the Evanston community. We encourage you to take this opportunity to inform us of your needs.

As a parent of young children, your participation is crucial. The findings, including parents' experiences with child care, will help inform community leaders and enhance their efforts to better meet the needs of the community on the issue of child care.

Please take a few minutes to answer the questions on the following pages. Return the survey to me in the envelope provided.

Sincerely,

Donna Rafanello

Parent Survey

1. What city do you live in? _____

2. What city do you work in? _____

3. How many children do you have under age 10? _____

4. What are your children's ages? _____

5. What types of child care are you currently using?

Child #1:

___ partner/self
___ day care center
___ family day care home
___ babysitter/nanny
___ relative caregiver
___ before-/after-school

Child #2:

___ partner/self
___ day care center
___ family day care home
___ babysitter/nanny
___ relative caregiver
___ before-/after-school

Child #3:

___ partner/self
___ day care center
___ family day care home
___ babysitter/nanny
___ relative caregiver
___ before-/after-school

Child #4:

___ partner/self
___ day care center
___ family day care home
___ babysitter/nanny
___ relative caregiver
___ before-/after school

6. What city (cities) is your child care arrangement(s) provided in? _____

7. How many hours per week do you use child care services for your children? _____

8. What is the approximate cost per week for all the children noted in Question #4 ?

___ 0-$50
___ $50-100
___ $100-150
___ $150-200
___ $200-250
___ $250-300
___ $300-350
___ $350-400
___ over $400

9. Do you receive financial assistance for child care? __yes __no If yes, indicate all that you receive:

___ Title XX
___ scholarship money
___ discounts
___ employer assistance:_____

10. Indicate the **2 most important** factors you consider in choosing child care:

___ caregivers/teachers
___ facilities
___ hours of the program
___ cost
___ convenience to where you live
___ convenience to where you work
___ program philosophy/curriculum
___ recommendation of friends/family
___ other, Please specify: _____

11. Which child care programs are you currently enrolled in?
_____

12. How did you find your current child care arrangement(s)?
_____

13. Have you experienced any problems in finding child care?
___ yes ___no If yes, explain: _____
_____

14. Do you have arrangements for child care when your child is sick? ___yes ___no

15. How satisfied are you with your current child care arrangement(s)?

	Not at all	Somewhat	Very
cost	_____	_____	_____
availability	_____	_____	_____
quality	_____	_____	_____
reliability	_____	_____	_____
facilities	_____	_____	_____
caregivers/teachers	_____	_____	_____
administration	_____	_____	_____
policies	_____	_____	_____

16. Would you feel comfortable asking your employer for help with meeting your child care needs? ___yes ___no

17. What percentage of your total household income do you spend on child care? _____%

18. What suggestions would you make to improve the child care service system in Evanston? _____
_____
_____

Thank you for your participation in this study.

The Evanston Committee for
COMMUNITY COORDINATED CHILD CARE
518 Davis St. Evanston, Illinois 60201 708.475.2661

Dear Director:

I am presently enrolled in the Educational Leadership and Advocacy program at National-Louis University. As part of my graduate research project, I am surveying child care providers in the community about the child care delivery system in Evanston, in general, and about their programs specifically. This letter is to invite your participation in my research.

My research is a joint venture between myself and the Evanston 4Cs. With the assistance and support of Helen McCarthy, executive director at 4Cs, this project will be a full-scale attempt to determine the effectiveness of the local child care system and to plan for future programming.

The first step of the study involves gathering full information about each program (from parent handbooks, brochures, fee schedules, etc.) and having this information forwarded to me, with current enrollment figures, in the envelope provided. The second step involves the distribution of questionnaires to your currently enrolled families for the purpose of assessing parents' experiences and satisfaction with existing child care services. The final part of the process involves a brief telephone interview, utilizing the enclosed survey, at which time I will ask you to clarify details of your program for me if necessary and elaborate on your experience with the Evanston child care delivery system.

In addition to the information you are able to contribute and the survey of parents who currently utilize child care services in Evanston, I will be conducting interviews with community leaders and city planners who shape the local child care system.

If you would like to participate in this study, please forward your program literature to me by November 13. Should you have any questions about my research, please give me a call at 864-2481. You may also contact my advisor, Dr. Paula Jorde Bloom, at National-Louis University 475-1100, ext. 2251. I really appreciate your participation in my project.

Sincerely,

Donna Rafanello

Directors' Survey

1. What is your current enrollment?
   _____ part-time _____ full-time

2. How many of your enrolled families live outside of Evanston? _____

3. Approximately how many of your children have mothers who work outside the home full-time (more than 30 hours per week)? _____

4. How long is your waiting list? _____

5. Which forms of financial assistance do you offer families?

   ___ Title XX
   ___ scholarships
   ___ discounts
   ___ sliding fee scale
   ___ other (Please specify:_____)

6. Where do the funds for your program come from? _____
   _____

7. Is your program accredited, or are you involved in the accreditation process, with NAEYC or NAFDC? _____

8. How many full- and part-time staff do you employ? _____
   How many have to be replaced annually? _____

9. How long have you been with this program?
   ___years/___months

10. How much of this time have you been the program's director? ____years/___months

11. What is your educational background? _____
    _____

12. What is your experience working with children? _____
    _____

13. What services do parents request that currently go unmet in this community? _____

14. Are you able to assess local need for child care on an informal basis by the types of calls and requests for child care which you receive? _____

15. What relationship does your organization have with other child care programs, social service agencies, and educational institutions in the community? _____

16. Does your program utilize any community resources either for program development or for parent/child referrals? _____

17. What mechanisms are there in the community for bringing together early childhood professionals to serve as resources and support to each other? _____

18. Describe your relationship with your licensing representative in terms of his/her ability to support your efforts to provide quality care and keep informed about regulations pertinent to your program? _____

19. What trends, developments, or emerging issues have you observed recently in the child care services field? _____

20. What suggestions would you make to improve the child care system in Evanston? How could your organization address these issues? _____

Community Leaders' Interview

1. What role does your organization play in the establishment and/or maintenance of child care services in Evanston?

2. What is your job responsibility with regard to this organizational goal?

3. What is your understanding of the local efforts to inform and assist parents in the location and purchase of child care services in the community?

4. How does the community meet the need for educated and trained child care staff?

5. What role do local corporations and businesses play in the financing, or other support, of child care services?

6. From your perspective, what problems do parents encounter in this community in their efforts to locate and purchase child care?

7. How does your organization work with others within the community in community development efforts to meet the changing needs of families?

8. Do you feel that there is enough subsidy money available to low-and moderate-income families to help them to meet the costs of child care? If not, what steps might you take to enhance that fund?

9. To what extent does your organization network with child care resource and referral agencies and child advocacy organizations on the local, state, and national levels to keep informed and speak out on behalf of children?

10. What mechanisms are available to you to assess local child care supply and demand?

11. What suggestions would you make for the improvement or expansion of child care services in Evanston?

12. What are your goals with regard to improving the affordability, availability, quality, and collaboration of child care services in your community?

13. Do current trends in the child care services field have you concerned about the future of your community specifically, and the future of the family in general?

14. How do local child care providers communicate their needs with you and other leaders?

Participating Child Care Centers and Homes

Baby Toddler Nursery

Barber Christian Child Care Center

Barbereux School

Central Evanston Child Care

Chiaravalle Montessori School

Child Care Center

Community Child Care

Evanston Day Nursery

Home Day Care

Reba Place Day Nursery

Robinson Day Care Nursery School

Seabury-Western Child Care Center

Teen Baby Nursery

YMCA

Community Leaders

Terry Beem
Evanston Developmental Preschool

Dr. Virginia DePaul
North Suburban Pediatrics

Phyllis Ellis, Child Care Coordinator
Northwestern University

Mary Ellen Gornick, President
Corporate Parenting Associates

Deborah Lanich, Licensing Representative
Illinois Department of Children and Family Services

Laurie Levy, Director
Evanston Developmental Preschool

Jan Markowitz
Very Important Parents

Louis Matek, Co-Coordinator
Parents' Concern

Bonnie Michaels, President
Managing Work and Family

Sam Pettineo, Police Officer
Evanston Police Department, Youth Services Bureau

Ann Rainey, Mayoral Candidate
City of Evanston

Jay Terry, Director
Department of Human Services, City of Evanston

Robert Verville, Licensing Representative
Department of Children and Family Services

Mark Wise, Senior Vice President of Human Resources
Evanston Hospital

Judith Witt, Director
Department of Human Resources, City of Evanston

Randi Wolfe, Parent Services Coordinator
Family Focus